



Board of Zoning Appeals

Town of North Hempstead

210 Plandome Road • Manhasset, NY 11030 • (516) 869-7667 • (516) 869-7812 fax

FILING REQUIREMENTS

Business, Industrial, Multiple Residence and New Dwellings

Section 267-a 5(b) of Town Law requires that any application to the Board of Zoning Appeals shall be filed within sixty (60) days of the Notice of Disapproval by the Building Official.

The following documents are required for all Appeals – Four (4) complete sets:

- Notice of Disapproval - TNH Building Department.
- Application for variance, conditional use permit or a request for determination.
- Copy of Zoning Analysis submission form originally provided to Building Department.
- Disclosure Affidavit by applicant and owner.
- Environmental Assessment Form (SEQRA).
 - A full EAF shall be required for all applications which will be the subject of Site Plan Review by the Town Board.
- Survey of premises (plus 1 copy at 8.5"x11" or 11"x17").
- Traffic Analysis
 - For new multi residential, commercial and other non residential structures.
- Parking Analysis & Trip Generation
 - For additions and alterations of multiple residence, commercial or other non-residential structures or variances for non-residential uses.
- Site Plan, Floor Plans, Elevations & Architectural Drawings (plus 1 copy at 8.5"x11" or 11"x17")
 - Where premises lie within multiple zoning districts, show exact zoning district lines.
- Sign Addendum (for signage variances only).
- Filing Fees:

Lot size 0 - 10,000 square feet or part thereof	\$ 600.00
For each additional 10,000 square feet or part thereof	\$ 600.00
New One-Family Dwelling	\$ 500.00
New Two-Family Dwelling	\$ 600.00
Commercial Signs	\$ 300.00 per sign
- **300 foot radius map and list of all property owners, as indicated on the latest Nassau County Assessment Roll prepared for the Town General Tax Levy.;**
 - *NOTE: Applications for Wall Signs or ground Signs shall require that only the adjoining property owners be notified.*

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED FOR FILING!



Board of Zoning Appeals

Town of North Hempstead

RULES FOR FILING A NOTICE OF A PUBLIC HEARING

- Forms required for notification shall be provided by the Secretary of the Board.
 - **The applicant shall notify all property owners within a 300 foot radius of the premises as indicated on the latest Nassau County Assessment Roll prepared for the Town General Tax Levy.**
 - Notices shall be sent not more than twenty (20) nor less than ten (10) days prior to the date of the public hearing. Said notices shall be sent by certified mail, with return receipt requested, from a Post Office located within Nassau County.
 - The applicant shall file with the Office of the Board proof that said notice has been sent to the affected property owners no later than five (5) days prior to the public hearing . Said proof shall consist of: an Affidavit of Mailing, a sample copy of the notice sent and all post office receipts.
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Town of North Hempstead
BOARD OF ZONING APPEALS
P.O. Box 3000, Manhasset, New York 11030-2327
516 869-7667, fax: 516 869-7812

Application for Variance, Conditional Use or Permit Pursuant to the Provisions of Chapter 70 of the Code of the Town of North Hempstead of 1973 and as Amended

Receipt No. _____ Date _____ Appeal No. _____

Application must be fully completed and will not be accepted unless Affidavit of Ownership
Is executed by the record owner of property described.

By filling this application, the Owner consents to allow the Board of Zoning Appeals to enter upon and inspect the property described.

Applicant Address

Owner: Address

Name and address of Person who will appear for the applicant at the Public Hearing

..... Day time phone #

Item Application is hereby made for a conditional use or special use under Section(s)

A Application is hereby made for a *variance* of Section(s)

Applications is hereby made for a permit under Section(s)

Appeal is hereby made for a determination under Chapter 70, Article XXIV, Section of the Code
of the Town of North Hempstead under the authority vested in the Board of Zoning Appeals.

Subject Premises situated on the *side of (or corner of) Street
..... feet of

(nearest intersection) (town)

Street or House Number:

B Location: Section Block Lot(s)

Zoning District

To permit the: Erection/Alteration/Conversion/Maintenance/Extension/Use* of

C

D Date of attached Building Department's Disapproval

E Question(s) involved:

F In connection with: a proposed/or an/Existing - Building Use (circle one)

G Type of construction: brick/frame/masonry/other Fireproof?

Size of Lot x Feet front feet rear feet depth

Total square feet

H Size of Existing Building: feet front Feet deep

Size of Building as Proposed: feet front Feet deep

Height of Building: existing stories Feet

Proposed stories

I. Use. Present (or former, if unoccupied) proposed

Is there any petition pending before the Town Board for change of Zone?

1. Give any previous Appeal No(s.) of any previous Applications file on these premises.....
2. How long has owner held title to property?.....
- J 3. Are the Premises within 200 ft. of a school, public library, church, hospital or orphanage?.....
4. Has any Violations being issued affecting the premises?
5. Has a Court Summons been served relative to this matter?

I hereby submit the principle points on which this application is based with description of existing conditions and proposed work.
 In requesting a variance include a statement concerning your practical difficulty or hardship (attach separate sheet if necessary).

K

I hereby depose and say that all the above statements and information and all statements and information contained in paper submitted herewith are true.

Applicant's Signature _____

Sworn to before me this Day of , 2

(Notary Public)

AFFIDAVIT OF OWNERSHIP

County of Nassau)
 State of New York) ss:

..... being duly sworn, deposes and says that he/she resides at
 in the County of and State of
 That he/she is (the owner in fee)* (the) of
 The corporation which is owner in fee)* of the premises described in this application shown on the Nassau County Land & Tax Map as
 Section No. Block No. Lot(s).....
 that he/she has authorized to make this application * and that the statements of
 fact contained in this application are true.

Owner's Signature _____

Sworn to before me this day of 2

(Notary Public)



Town of North Hempstead
Department of Building Safety Inspection and Enforcement

210 Plandome Road, Manhasset, NY 11030-2327
Tel. (516) 869-7660 Fax. (516) 869-7662

Appl. Number: _____
(Official Use Only)

COMMERCIAL ZONING ANALYSIS SUBMISSION SHEET

[Required for submission with all Commercial Alterations, Additions and New Building Permit Applications.]

Address: _____

Section: _____ Block: _____ Lot (s): _____

Zoning District	_____	Total Lot Area:	_____ sq. ft.
Max. Permitted Coverage:	_____ sq. ft.	Proposed Coverage:	_____ sq. ft.
Max. Permitted Coverage	_____ %	Proposed Coverage (%):	_____ %
Front Yard Required:	_____ ft.	Front Yard Provided:	_____ ft.
Front Yard Required	_____ ft.	Front Yard Provided (Corner	_____ ft.
Min. Side Yard Permitted:	_____ ft.	Side Yard (1) Provided:	_____ ft.
Min. Side Yard Permitted:	_____ ft.	Side Yard (2) Provided:	_____ ft.
Rear Yard Required:	_____ ft.	Rear Yard Provided:	_____ ft.
Landscaped Buffer	_____ ft.	Landscaped Buffer	_____ ft.
Max. Height Permitted:	_____ ft.	Max. Height Proposed:	_____ ft.

Parking Calculations: To Be Calculated Per the Following Requirements

Retail (deduct 1,000 sf)	1 space : 300 sf	_____ sf	_____ spaces
Office	1 space : 200 sf	_____ sf	_____ spaces
Medical Office	1 space : 150 sf	_____ sf	_____ spaces
All Other Business	1 space : 300 sf	_____ sf	_____ spaces
Assembly	1 space : 4	_____ sf	_____ spaces
Warehouses / Storage	1 space : 600 sf	_____ sf	_____ spaces
Other	1 space :	_____ sf	_____ spaces
Parking Spaces Required:	_____	_____	_____ spaces
Off Street Loading Bays:	1 : 10,000 sf	_____ sf	_____ loading bays

Architect / Engineer: _____ Business / Corporate _____

First: _____ Last: _____ Middle _____ Lic. _____

Street _____ City: _____

State _____ Zip _____ Tel. _____ Fax _____

Architect / Engineer Stamp and Original Signature MUST appear here.



Town of North Hempstead
Department of Building Safety Inspection and Enforcement
210 Plandome Road, Manhasset, NY 11030-2327
Tel. (516) 869-7660 Fax. (516) 869-7662

Appl. Number: _____
(Official Use Only)

RESIDENTIAL ZONING ANALYSIS
SUBMISSION SHEET

[Required for submission with all Residential Additions and New Building Permit Applications.]

Address: _____

Section: _____ Block: _____ Lot (s): _____

Zoning District Classification:		Total Lot Area:	sq. ft.
Max. Permitted Coverage:	sq. ft.	Proposed Coverage:	sq. ft.
Max. Permitted Coverage (%):	%	Proposed Coverage (%):	%
Max. Permitted Gross Floor Area:	sq. ft.	Proposed Gross Floor Area:	sq. ft.
Max. Permitted Gross Floor Area:	%	Proposed Floor Gross Area:	%
Front Yard Required:	ft.	Front Yard Provided:	ft.
Avg. Front Yard (min 200')	ft.	Front Yard Provided:	ft.
Front Yard Required (Corner Lot):	ft.	Front Yard Provided (Corner Lot):	ft.
Min. Side Yard Permitted:	ft.	Side Yard (1) Provided:	ft.
Min. Side Yard Permitted:	ft.	Side Yard (2) Provided:	ft.
Aggregate Side Yard Required:	ft.	Aggregate Side Yard Provided:	ft.
Rear Yard Required:	ft.	Rear Yard Provided:	ft.
Max. Height to Ridge:	ft.	Ridge Height Proposed:	ft.
Max. Height to Eaves:	ft.	Eaves Height Proposed:	ft.

Architect / Engineer: _____ Business / Corporate: _____

First: _____ Last: _____ Middle Initial: _____ Lic. Number: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Tel. Number: _____ Fax: _____

Email: _____ Cell Number: _____

Architect / Engineer Stamp and Original Signature MUST appear here.

**TOWN OF NORTH HEMPSTEAD
BOARD OF ZONING APPEALS
SEQR CLASSIFICATION FORM**

APPLICANT NAME: _____

PROPERTY ADDRESS: _____

USE: ☐ **RESIDENTIAL** ☐ **COMMERCIAL**

NATURE OF PROPOSED WORK:

- ☐ Maintenance or repair involving no substantial changes in existing structure or facility
- ☐ Replacement, rehabilitation or reconstruction of a structure or facility, in kind, on the same site, including upgrading buildings to meet building or fire codes
- ☐ Construction or expansion of a primary or accessory/appurtenant, **non-residential** structure or facility involving less than 4,000 square feet or gross floor area and not involving a change in zoning or a use variance and consistent with local land use controls, but not radio communication or microwave transmission facilities
- ☐ Construction or expansion of a single-family, a two-family or a three-family residence on an approved lot
- ☐ Construction, expansion or placement of minor accessory/appurtenant residential structures, including garages, carports, patios, decks, swimming pools, tennis courts, satellite dishes, fences, barns, storage sheds or other buildings not changing land use or density
- ☐ Granting of individual setback and lot line variances
- ☐ Granting of an area variance(s) for a single-family, two-family or three-family residence
- ☐ None of the above – **Applicant must complete 617.20 Short Environmental Assessment Form**

DESCRIPTION OF PROPOSED WORK: _____

I, the undersigned, hereby certify that the foregoing statements are true.

(Signature)

(Printed Name)

Date

617.20
Appendix B
Short Environmental Assessment Form

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
City/PO:		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO
			YES
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			NO
			YES
3.a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, adjoining and near the proposed action. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation service(s) available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO	YES	
10. Will the proposed action connect to an existing public/private water supply? [If Yes, does the existing system have capacity to provide service? <input type="checkbox"/> NO <input type="checkbox"/> YES] If No, describe method for providing potable water: _____	NO	YES	
11. Will the proposed action connect to existing wastewater utilities? [If Yes, does the existing system have capacity to provide service? <input type="checkbox"/> NO <input type="checkbox"/> YES] If No, describe method for providing wastewater treatment: _____	NO	YES	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places? b. Is the proposed action located in an archeological sensitive area?	NO	YES	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	NO	YES	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
16. Is the project site located in the 100 year flood plain?	NO	YES	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____ _____	NO	YES
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____ _____	NO	YES
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____ _____	NO	YES
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept “Have my responses been reasonable considering the scale and context of the proposed action?”

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?		
2. Will the proposed action result in a change in the use or intensity of use of land?		
3. Will the proposed action impair the character or quality of the existing community?		
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?		
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?		
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?		
7. Will the proposed action impact existing: a. public / private water supplies? b. public / private wastewater treatment utilities?		
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?		
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?		

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?		
11. Will the proposed action create a hazard to environmental resources or human health?		

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

- ☐ Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
- ☐ Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.

Name of Lead Agency

Date

Print or Type Name of Responsible Officer in Lead Agency

Title of Responsible Officer

Signature of Responsible Officer in Lead Agency

Signature of Preparer (if different from Responsible Officer)

**SAMPLE Disclosure Affidavit
For
Corporations**

.....X

In the matter of the Application of

(applicant/Owner)

.....X

STATE OF NEW YORK)
COUNTY OF NASSAU) ss:

(name)....., being duly sworn, deposes and says:

1. That I am the (office held) of (name of Corp.) and am fully familiar with all the facts and circumstances hereinafter set forth.
2. That the business address of (name of Corp.) is (address) .
3. (If there has been a change in corporate name) That said corporation was incorporated in the name of under the laws of the State of on (date) .
4. That the corporate stock of said corporation has not been pledged to any person nor has any agreement been made to pledge the said stock.
5. That there are no encumbrances or holders of any instrument creating an encumbrance upon the subject property.
6. That neither deponent nor any other person mentioned in this affidavit is a Town of North Hempstead officer or employee, or is related to a Town officer or employee.
7. The following are the officers and directors of (name of Corp.) :
8. The following are stockholders:

(SET FORTH NAMES AND RESIDENCE)

9. That in the event there is any change in the matters set forth herein prior to the granting of the (Variance, Conditional Use, Use Permit) for the property affected hereby, deponent will file with the Town of North Hempstead a supplemental affidavit indicating the details of such change within 48 hours of such change.

Sworn to be fore me the.....day of

.....
Notary Public

SAMPLE
**Disclosure Affidavit For
Individuals or Partnerships**

.....X

In the matter of the Application of

(applicant/Owner)

.....X

STATE OF NEW YORK)

COUNTY OF NASSAU) ss:

(name)....., being duly sworn, deposes and says:

1. That your deponent resides at
2. That your deponent is (*one of*) the (*owners/contract vendees/lessees*) of the property which forms the subject matter of this application and is fully familiar with all the facts and circumstances hereinafter set forth. **
3. That there are no encumbrances or holders of any instruments creating an encumbrance upon the subject property.
5. That neither deponent nor any other person mentioned in this affidavit is a Town of North Hempstead officer or employee, or is related to a Town officer or employee.
6. That in the event there is any change in the matters set forth herein prior to the granting of the (Variance, Conditional Use, Use Permit) for the property affected hereby, deponent will file with the Town of North Hempstead a supplemental affidavit indicating the details of such change within 48 hours of such change.

Sworn to be fore me the.....day of

.....

Notary Public

** Strike out inapplicable words.

**TOWN OF NORTH HEMPSTEAD
BOARD OF ZONING APPEALS**

SIGN ADDENDUM

THIS FORM MUST BE COMPLETED FOR EACH SIGN FOR WHICH AN APPLICATION IS BEING MADE, AND MUST BE SUBMITTED WITH THE APPLICATION TO THE BOARD OF ZONING APPEALS. IT MUST BE ACCOMPANIED BY A SCALE DRAWING OF THE SIGN.

1. Owner of sign _____
2. Type of sign (ground, tower, wall, billboard, or other) _____
3. Is sign new or existing _____
4. Sign to be erected by _____
(Address) _____

(Phone) _____

5. Horizontal measurement _____
6. Vertical measurement _____
7. Total area of sign in square feet _____
8. Maximum height of sign above grade (feet) _____
9. Name of street that sign faces _____
10. Street frontage of building (feet) _____
11. Setback from property line (feet) _____
12. Is sign illuminated? _____
If so, is it activated by a timer? _____
During what hours will sign be illuminated? _____
13. Will the sign advertise business conducted or products sold on the premises? _____
14. If in a residence district, state purpose of sign _____
15. Cost of sign, including installation _____
16. Estimated useful life of sign as of the date of installation _____
- (If the sign is existing)
17. Has the sign been redesigned, rebuilt, or renovated since its original installation? _____
If so, in what year was such action taken _____
What was the total cost? _____



Board of Zoning Appeals

Town of North Hempstead

AFFIDAVIT OF MAILING

APPEAL # _____

(Name) _____, being duly sworn, deposes and says that on the _____ th day of _____, he/she served the NOTICE attached hereto upon the following owners of record of all adjoining properties, as indicated on the latest TNH General Tax Roll, at the address indicated by the depositing same securely enclosed in a postpaid envelope in the post office regularly maintained by the U.S. Government at _____, in the County of NASSAU, and that said Notice was mailed by certified or registered mail, return receipt requested, which receipt is attached hereto and forms a part hereof.

OWNER/ADDRESS

Section/Block/Lot(s)

[attach additional sheet if necessary]

X _____

Sworn to before me this

_____ day of _____, 20____

[Notary]

NOTICE OF PUBLIC HEARING

PLEASE TAKE NOTICE that a public hearing will be held by the Town of North Hempstead Board of Zoning Appeals on:

Wednesday _____, 20_____, at 10:00 AM in the Town Board Room, Town Hall, 220 Plandome Road, (second floor), Manhasset, N. Y. on the following matter(s):

Appeal Number: _____

Name of Applicant: _____

Address of Property: _____

Section: _____ **Block:** _____ **Lot(s)** _____

Applicable code section(s) _____

Appeal or variance requested _____

All interested persons are invited to appear at said date and time.

For further information, contact:

Applicant name: _____

Address: _____

Telephone/fax: _____

Website/E-mail: _____

CONSENT FORM

TO: **Board of Zoning Appeals**
Town of North Hempstead
P.o. Box 3000
Manhasset, Ny 11030-2327

The undersigned, owner of real property,
....., known on the Nassau County Land and Tax Map as
Section, Block, Lot(s).....
.....said property being located adjoining the property of
....., situated at
..... Known of the
Nassau County Land and Tax Map as Section, Block, Lot(s).....
....., have seen and understood the proposed plans on which application
for a variance/conditional use* has been made, and hereby gives his/her* consent for a variance of
Section(s).....
..... of the Code of the Town of North Hempstead in the
construction/use* of
.....
.....
.....
.....

(adjoining property owner's signature)

Sworn to before me this
..... day of, 2.....
.....
(Notary Public)

*strike out inapplicable words

This form may be used in connection with an application for any variance of the Code of the Town of North Hempstead. According to the Rules of the Board, such consents shall be obtained from each owner of property adjoining the subject plot, and if not obtained, Notice of the date and time of hearing shall be sent to such owners of adjoining properties on forms furnished by the Office of the Board.

Consents will not be accepted unless completed with a statement of the variance requested and signatures acknowledged by a notary public. Completed consents must be submitted at least five (5) days prior to public hearing.